

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MO JUN 20 1942

Registration District No.

Primary Registration District No. 5401

State File No.

Registrar's No. 13

1. PLACE OF DEATH:  
 (a) County Union Sup  
 (b) City or town Campbell Route 1  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Campbell Route 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community ✓  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Arkansas (b) County Clay <sup>947</sup>  
 (c) City or town St. Francis <sup>3</sup>  
 (If outside city or town limits, write "RURAL") <sup>0</sup>  
 (d) Street No. \_\_\_\_\_ (If rural, give location) <sup>2</sup>  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John William Dettre  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. no

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife Maudie Deltos 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Apr 26 1942  
 (Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace unknown (City, town, or county) (State or foreign country) 9

10. Usual occupation Shoe cobbler

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Wick  
 13. Birthplace Wick (City, town, or county) (State or foreign country) 9  
 14. Maiden name Wick  
 15. Birthplace Wick (City, town, or county) (State or foreign country) 9

16. (a) Informant Kelcie Dettre  
 (b) Address Campbell No.

17. (a) Buried (b) Date thereof Apr 27 '42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfill

18. (a) Signature of funeral director Stanfill  
 (b) Address Campbell 944

19. (a) 4-28-1942 (b) Mrs. L. P. Oliver  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
 year 1942 hour 9 minute 40 A.M.  
 21. I hereby certify that I attended the deceased from 1/15/1942  
 \_\_\_\_\_, 19\_\_\_\_, to 4-26, 1942  
 that I last saw him alive on 4-18, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteries  
 Duration 5 yrs

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: none  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Years of injury) \_\_\_\_\_  
 23. Signature D. Mitchell (M. D. physician)  
 Address Walden Mo Date signed 4/27/42

RECEIVED

District Health Office No. 2

District File Number 642-698

Date Filed JUN 16 1942

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is (not embalmed) fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Dunklin  
 (b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME John W. Dettie  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced D  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 2, 1879  
(Month) (Day) (Year)

8. AGE: Years 71 Months - Days 11  
If less than one day min.

9. Birthplace Dunklin  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_  
 13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
 (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address \_\_\_\_\_  
 19. (a) 4-28-42 (b) Mrs. L. P. Oliver  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State ark (b) County Clay  
 (c) City or town St. Francis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April Day 26  
 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 \_\_\_\_\_, 19\_\_\_\_;  
 that I have seen him/her alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 7-20

Duration 32m  
 392  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**SUPPLEMENTARY**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

